Loving Paws Animal Hospital

Welcome! Thank you for giving us the opportunity to meet you and to care for you pet. Completing this form in its entirety will ensure we have accurate information in our veterinarian software regarding your pet and his/her health, and that we have current contact information when we need to communicate with you.

DATE:_____

Pet Owner Information

Last name_____**First name**_____

ADDRESS:_____ **APT#**_____

City, State, Zip_____

Email:_____

Phone: (Cell) (Home) (Work)_____ **Phone: (Cell) (Home) (Work)**_____

Spouse/other family authorized to make decisions regarding your pet(s)

Last name_____**First name**_____

Phone: (Cell) (Home) (Work)_____ **Phone: (Cell) (Home) (Work)**_____

IF you are a seasonal client, would you like to receive reminders for your pet from us? (YES) or (NO)

How did you hear about us? (Referral) (Internet search) (Sign) (Phone book) (Facebook)

If you chose referral, please let us know who referred you_____

May we share a picture of your pet on our website or social media? (Yes) or (No)

PET Information

Pet name:_____ **(DOG) (CAT) AGE/DATE OF BIRTH:**_____

(Male) (Neutered) (Female) (Spayed) Breed:_____ **Color:**_____

What is the reason for the visit today?_____

Current Medications/health conditions?_____

Any history of vaccine or medication reactions? (Yes) OR (No) if yes please explain: (last seizure or what medication reaction or vaccine reaction_____

Do you have your pets vaccine history with you today? (Yes) (No) If NO, can we contact the previous clinic to get them? (Yes) (No) Name of clinic/owner name with that clinic?_____

I herby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume all responsibility for all charges incurred in the care of this pet. I also understand charges will be paid at the time of release and that a deposit may be required for surgical treatment.

OWNER SIGNATURE :_____

ARE YOU INTERESTED IN Integrative medicine? (A different approach to western medicine including traditional Chinese medicine (acupuncture/herbal medicine/tui-na/food therapy) **Yes** **No**